

# ASAP Payment Requestor Bank Information Form

## Section I - Payment Requestor Organization Information

Payment Requestor Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Does your organization have multiple banking relationship?

☐ YES ☐ NO

If Yes, indicate if the information on the form is your first, second, third or

fourth banking relationship. ☐ First ☐ Second ☐ Third ☐ Fourth

If your organization is currently using ASAP, please indicate if this is an additional banking relationship or a change to your existing banking information.

☐ Add -- effective date: \_\_\_\_\_ ☐ Change - effective date: \_\_\_\_\_

## Section II - Financial Institution Information

**\*\*The ABA, ACCOUNT NUMBER AND ACCOUNT TITLE must be accurate. If there is any discrepancy, you will be required to submit a new ASAP Bank Information Form. The form can be typed or handwritten, but not a combination of both. \*\***

Bank Name: \_\_\_\_\_

Bank Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### *ACH Account Information*

Account Title: \_\_\_\_\_ ACH Coordinator's Name: \_\_\_\_\_

Account Type: ☐ Demand ☐ Savings ACH Coordinator's Phone Number: \_\_\_\_\_

ABA Number: \_ \_ \_ - \_ ACH Coordinator's Fax Number: \_\_\_\_\_

Account Number (17 character maximum): \_ \_ \_ \_ \_

### *Fedwire Account Information*

Account Title: \_\_\_\_\_ Fedwire Coordinator's Name: \_\_\_\_\_

Fedwire Coordinator's Phone Number: \_\_\_\_\_

ABA Number: \_ \_ \_ - \_ Fedwire Coordinator's Fax Number: \_\_\_\_\_

Account Number (17 character maximum): \_ \_ \_ \_ \_

For Further Credit ABA: \_ \_ \_ - \_

## Section III - Approval By Financial Institution Official

\_\_\_\_\_  
Signature of Bank Official

\_\_\_\_\_  
Bank Official's Title

\_\_\_\_\_  
Bank Official's Name

\_\_\_\_\_  
Bank Official's Phone Number

\_\_\_\_\_  
Date

## Section IV - Approval by Financial Official

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date